STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012940	A. BUILDING: _____ B. WING _____	R 01/28/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD OF CROWN POINT	140 E 107TH AVENUE CROWN POINT, IN 46307

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the Initial State Residential Licensure Survey completed on January 3, 2014. Survey date: January 28, 2014 Facility number: 0012940 Provider number: 012940 AIM number: N/A Survey team: Janet Adams, RN, TC Census bed type: Other: 19 Total: 19 Census payor type: Other: 19 Total: 19 Residential Sample: 4 Bickford of Crown Point was found to be in compliance with 410 IAC 16.2 in regard to the Post Survey Revisit (PSR) to the Initial State Residential Licensure Survey. Quality review completed on January 29, 2014, by Janelyn Kulik, RN.	{R 000}		